

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, California 95814



October 30, 1998

ALL COUNTY LETTER NO.98-86

TO: ALL COUNTY WELFARE DIRECTORS
ALL IHSS PROGRAM MANAGERS

REASON FOR THIS TRANSMITTAL

- ☐ State Law Change
- ☐ Federal Law or Regulation Change
- ☐ Court Order or Settlement Agreement
- ☐ Clarification Requested by One or More Counties
- ☒ Initiated by CDSS

SUBJECT: IN-HOME SUPPORTIVE SERVICES (IHSS) INDIVIDUAL
PROVIDER TIMESHEETS

REFERENCE: ACL 82-105

This All-County Letter (ACL) provides guidelines regarding counties' responsibilities for processing timesheets for Individual Providers. This ACL supersedes All-County Letter 82-105. The guidelines incorporate Manual of Policies and Procedures (MPP) Section 30-769.723 and special instructions from the IHSS/CMIPS User's Manual, pages VII-H-1, VII-I-1, and VII-I-2, and are intended to assist counties in establishing effective internal controls regarding timesheets. Numbered Sections 1-8 incorporate the instructions previously listed in ACL 82-105 with minor modifications to Section 5.

1. Prior to entering timesheets into the payrolling system, the county shall ensure that each timesheet is appropriately signed and dated. The recipient's signature represents verification that services authorized were in fact rendered. A timesheet lacking such verification shall be returned to the recipient with instructions for completion.
2. In those instances where the recipient is unable to sign the timesheet, an authorized person can sign on his/her behalf. Although the regulations specify that the recipient must sign the timesheet, we recognize that exceptions occur. A reasonable course of action is to seek someone who is knowledgeable of the recipient's situation to sign on his/her behalf. Two critical conditions of this provision are: 1) authorization for someone other than a legal guardian or conservator to sign the timesheet must be at the recipient's request, and 2) the authorization must be documented in the case record.
3. While recipients can designate anyone they wish to sign the timesheet, it is the position of the Department that, unless the provider is a legal guardian or conservator of the recipient, the provider shall not be authorized to sign the timesheet for the recipient.

4. If the recipient requests that the social worker sign as the authorized person, the approval of the social worker's supervisor should be documented in the case record each time such a request occurs.
5. If the recipient has not provided authorization for an alternate signature and the recipient's death precludes completion of the timesheet, the social worker or the social worker's supervisor may sign on behalf of the deceased recipient. Alternatively, the administrator of the recipient's estate may sign the timesheet. A parent provider of a minor child may also sign the timesheet.
6. For purposes of control, counties should maintain a separate central record of persons authorized to sign on behalf of individual recipients in addition to documentation in each case record. If possible, the recipient should provide an affidavit of authorization to the county.
7. Timesheets, which lack the provider's signature, shall be returned with instructions for completion. For advance pay cases, if the provider cannot be located, the recipient may be required to sign a separate affidavit affirming that the provider worked the appropriate hours and is unavailable. The county should monitor closely those advance pay cases where the recipient repeatedly fails to obtain signatures from the provider(s) and may consider the appropriateness of placing the recipient on the arrears payment cycle.
8. If the county receives a timesheet before the end of the pay period showing hours worked beyond the current date, the timesheet shall be returned for correction or the information shall be otherwise verified.

Deceased Provider's Timesheets and Warrants - (CMIPS User's Manual Section VII-H-1)

Timesheets

If the provider dies before signing the last time sheet, the recipient's signature is sufficient authorization to process the timesheet.

Warrants

County staff may advise survivors of deceased providers that an uncashed warrant payable to the deceased provider cannot be reissued under his/her survivor's name because:

- There is no process in CMIPS for reissuing warrants to a non-provider.
- The State and county will not assume responsibility to ensure that any reissued warrants are made payable to the correct survivor (disputed claims of survivorship).
- Reissuing the warrant under another name will hinder the proper reporting of wage and tax information in the deceased provider's name.

Deceased Recipient - Timesheet Verification - (CMIPS User's Manual Sections VII-H-1 and VII-I-1 and VII-I-2)

If the recipient dies before signing the last timesheet(s), the social worker can sign on the recipient's behalf if it can be verified to his/her satisfaction that the hours of service were actually rendered.

Deceased Recipient – Share of Cost – (Fair Labor Standards Act)

When the recipient dies before signing the last timesheet(s), and a share of cost was owed, the social worker can sign on the recipient's behalf if it can be verified to his/her satisfaction that the hours of service were actually rendered. Under the Fair Labor Standards Act, 29 USCA, Section 201 et. sec, if services have been provided, the provider must be paid for the hours of service rendered.

Deceased Recipient – (ACL 82-105, Section 5)

If the recipient has not provided authorization for an alternate signature and the recipient's death precludes completion of the timesheet, the social worker or the social worker's supervisor may sign on behalf of the deceased recipient. Alternatively, the administrator of the recipient's estate may sign the timesheet. A parent provider of a minor child may also sign the timesheet.

Deceased Provider - Alleged Forgery - (CMIPS User's Manual Section VII-H-1)

If a survivor of a deceased provider states that a warrant issued to the provider before death was forged, the county can initiate a STD 435, REQUEST FOR DUPLICATE CONTROLLER'S WARRANT/STOP PAYMENT. The survivor can sign the STD 435. The county must order the check in question and obtain several examples of the provider's signature.

The county should send the STD 435 with a copy of the death certificate and signature examples to the State Controller's Office (SCO).

Please contact Mike Ellison, Operations and Technical Assistance-South, at (916) 229-4591, Vickey Walker, Operations and Technical Assistance-South, at (916) 229-4596, or Bill Schimeck, CMIPS, at (916) 229- 4014, if you have any questions regarding this All-County Letter.

Sincerely,

***Original Document Signed By
Donna L. Mandelstam On 10/30/98***

DONNA L. MANDELSTAM
Deputy Director
Disability and Adult Programs Division